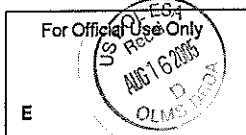


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7182</u>	2. Fiscal Year Covered From: <u>1</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Michael R Pelliccino</u> P.O. Box, Bldg., Room No., if any Street <u>2120 Auto Centre Dr</u> City <u>GLENDALE</u> State <u>CALIFORNIA</u> ZIP Code + 4 <u>91740</u>	4. Name, file number, and address of labor organization. Name <u>Sheet Metal Workers # Local 105</u> Labor Organization File Number <u>542-b16</u> P.O. Box, Building and Room Number, if any Street <u>2120 Auto Centre Dr</u> City <u>GLENDALE</u> State <u>CALIFORNIA</u> ZIP Code + 4 <u>91740</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8-5-05</u> Date	<u>909 3052800</u> Telephone Number

Name of Person Filing

Michael R Pellicino

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SHEET METAL WORKERS TRUST FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 111 N SEPULVEDA BLVD.

City MANHATTAN BEACH

State CALIF. ZIP Code + 4 90267

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

FULL BOARD MEETINGS (TRUSTEE)  
HEALTH & PENSION  
1ST QUARTERLY MEETING

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

LABOR CAUCUS LUNCHEON  
MARCH 17, 2004

"Re-imbursement"

12.b. Amount.

\$72.76

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing

Michael R Pellicano

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Steel Metal Workers Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

111 N SEPULVEDA BLVD

City

MANHATTAN BEACH

State

CALIF.

ZIP Code + 4

90267

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Full Board Meetings  
 Health Pension  
 2nd QUARTERLY MEETING

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

LABOR CAUCUS LUNCHEON  
 JUNE 16, 2004

"Re-Imbursement"

12.b. Amount.

\$ 54.08

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

☐

or Consultant

☐

?

14.b. Amount of payment.

Name of Person Filing

Michael R Pellicino

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Sheet Metal Workers Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 111 N SEPULVEDA BLVDCity MANHATTAN BEACHState CALIFORNIA ZIP Code + 4 90240

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Full Board Meeting  
 Health Pension  
 3RD QUARTERLY MEETING

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

\* Luncheon / Dinner  
 \* Retirement Awards January  
 OCT 14<sup>TH</sup> 15<sup>TH</sup> 2004  
 \* Re-impbursement  
 Hotel → \$420.00

12.b. Amount.

\* \$386.60 8074

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

Michael R. Pellicino

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Sheet Metal Workers Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 111 N. SEPULVEDA BLVDCity MANHATTAN BEACHState CALIFORNIA ZIP Code + 4 90267

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Full Board Meeting  
 Health & Pension  
 4th QUARTERLY MEETING

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

LABOR COUNCIL LUNCHEON  
 Full Board Luncheon  
 'RE-IMBURSEMENT'

12.b. Amount.

\$ 105.04

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



Name of Person Filing <u>Michael R Pellicino</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <u>Southern Calif. Sheet Metal JATC</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>633 N. Garden Park Blvd.</u> City <u>City of Industry</u> State <u>California</u> ZIP Code + 4 <u>91746</u>	9. Business deals with:  <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	11.a. Nature of such dealing. <u>Sheet Metal JATC (Twice)</u>  11.b. Approximate dollar value of such dealing. _____ 12.a. Nature of interest held or income received. <u>JATC Open House Luncheon</u> <u>* Re-imbursment *</u>  12.b. Amount. <u>\$42.07</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	14.a. Nature of payment.  <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. _____

Page 2 of 2

Name of Person Filing <u>Michael R Pellicino</u>	File Number U-
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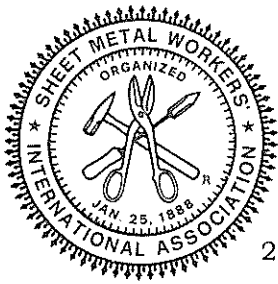
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <u>VICTORY CAPITAL MANAGEMENT</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>19200 VON KARMAN AVE</u> City <u>IRVINE</u> State <u>CALIF.</u> ZIP Code + 4 <u>92612</u>	9. Business deals with:  <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name.  Name <u>SHEET METAL WORKERS TRUST</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>111 N. SEPULVEDA BL.</u> City <u>MANHATTAN BEACH</u> State <u>CALIFORNIA</u> ZIP Code + 4 <u>90267</u>	11.a. Nature of such dealing.  <u>FUNDS</u> <u>INVESTMENT MANAGER</u> <u>TRUST FUNDS</u>  11.b. Approximate dollar value of such dealing. _____ 12.a. Nature of interest held or income received.  <u>EXPENSE INCIDENTAL TO</u> <u>MEET WITH INVESTMENT</u> <u>MANAGER</u>  12.b. Amount. <u>\$34.80</u>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment.  <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. _____





Sheet Metal Workers' International Association  
**Local Union No. 105**

2120 Auto Centre Drive, Suite 105 • Glendora, CA 91740 • (909) 305-2800 • FAX (909) 305-2822  
Website: [www.local105.org](http://www.local105.org) • E-Mail: [smwia@local105.org](mailto:smwia@local105.org)

**Roy A. Ringwood**  
Business Manager/  
President

**Lance D. Clark**  
Financial  
Secretary-Treasurer/  
Recording Secretary

**Bradley J. Rooker**  
Vice President/  
Business Representative

**Business  
Representatives:**

**Francisco Magaña**

**Richard Marquez**

**Luther Medina**

**Eddie Montes**

**James Odom**

**Michael Pelliccino**

**Mario Teran**

**Bakersfield Office:**

**Ken Rooker**  
Business Representative

601 Eureka Street  
Bakersfield, CA 93305

(661) 323-4461  
FAX: (661) 323-3286



August 10, 2005

Standard Mail Delivery & Certified Mail #: 7002 0510 0003 9433 1468

United States Department of Labor  
Employment Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue N.W., Room N5616  
Washington, DC 20210

Re: LM-30 Report, 2004

The information contained in the enclosed LM-30 Report is based on my best effort to make a good faith reconstruction of events occurring in 2004. If I subsequently recall any additional reportable details, I will prepare and file an amended LM-30 Report.

Sincerely,

Michael Rocky Pelliccino,  
Business Representative

RAR:imb/DOL.LM.30  
opeiu #537/afl-cio-clc